

Case Number:	CM14-0020737		
Date Assigned:	05/02/2014	Date of Injury:	01/24/2013
Decision Date:	10/03/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55-year-old male patient with a 1/24/13 date of injury. The patient was working as a general/farm laborer and felt severe back pain while lifting plywood at work. 12/2/13 progress report indicates severe low back pain radiating to the lower extremities, buttocks, thighs and calves. The patient reported difficulty walking. There is numbness into both lower extremities with early symptoms of urinary retention and difficulty holding urine. Physical exam demonstrates moderate to severe mid thoracic and lower lumbar tenderness, bilateral hip flexion and knee extension weakness, diminished sensation to light touch in the anterior shin and right thigh. The patient was able to heel and toe walk. 7/26/14 lumbar MRI demonstrates central canal stenosis at T10-11, consistent with spinal cord impingement. At L5-S1, there is 6 mm of spondylolisthesis with a moderate posterior disk bulge with moderate bilateral foraminal narrowing with moderate to severe stenosis. Treatment to date has included medication, physical therapy, and activity modification. The patient was approved for laminectomy at T10/11 for spinal cord impingement on 1/17/14. There is documentation of a previous 1/17/14 adverse determination for lack of instability at the L5-S1 level to warrant fusion.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

DECOMPRESSION OF L5/S1 LEVEL WITH FUSION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Decompression, Fusion

Decision rationale: CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. In addition, CA MTUS states that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The patient presents with clinical L5-S1 radiculopathy corroborated by focal neurologic deficits and persistent radiating complaints in the corresponding distribution. Lumbar MRI demonstrates, at L5-S1, there is 6 mm of spondylolisthesis with a moderate posterior disk bulge with moderate bilateral foraminal narrowing with moderate to severe stenosis. The patient's complaints are recalcitrant to an appropriate course of conservative management. Additional pathology, spinal cord impingement at T10-11, was previously addressed with certification for a decompressive surgery at that level. While dynamic instability was not objectively documented by imaging reports, a 6 mm spondylolisthesis consistent with degenerative spondylolisthesis was evident on MRI. Therefore, the request for Decompression of L5/S1 level with Fusion is medically necessary.

3 DAYS IMPATIENT STAY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hospital Length of Stay

Decision rationale: CA MTUS does not apply. ODG's best practice target for hospital stay following lumbar fusion is 3 days. As the associated request for Decompression of L5/S1 level with Fusion was deemed medically necessary, the request for 3 Days Inpatient Stay is also medically necessary.